

45th 4/06/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the smoke barriers.</p> <p>The findings included:</p> <p>On 2/19/14 at 12:45 PM observation within the attic area above the Front Hall corridor east revealed penetration within the smoke wall.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 2/19/14.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 2/19/14. The deficiencies were also corrected prior to the end of the survey on 2/19/14.</p>	K 025	<p>NFPA 101 Life Safety Code Standard SS=E</p> <p><u>Requirement:</u> The facility will ensure that smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3.</p> <p><u>Corrective Action:</u> 1. On 2/19/14 the Administrator re-caulked the smoke wall penetration in the attic above the Front Hall corridor. 2. On 2/25/14 the Maintenance Director and Maintenance Assistant audited facility attic areas to ensure that there were no penetrations in the smoke wall. 3. On 2/25/14 the Administrator conducted an in-service with the Maintenance Director and the Maintenance Assistant regarding the need to ensure that there were no penetrations in the smoke wall throughout the facility. 4. The Maintenance Director and Maintenance Assistant will perform monthly audits for four months and will ensure that visual checks are made after subcontractors have completed work in attic areas. Findings will be reviewed in Quality Assurance Committee.</p>	2/25/14
K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147	<p>NFPA 101 Life Safety Code Standard</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

ADMINISTRATOR

(X6) DATE

3/6/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAR 11 2014

CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 147	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment from overloading.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. On 2/19/2014 at 11:56 observation within the dietary area revealed there was an open slot space among the circuit breakers in panel # E1. 2. On 2/19/2014 at 12:10 PM observation within the ceiling area above the front hall area revealed an extension cord was being used. <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 2/19/14. The deficiencies were also corrected prior to end of the survey on 2/19/14.</p>	K 147	<p>NFPA 101 Life Safety Code Standard</p> <p><u>Requirement:</u> The facilities electrical wiring will be maintained in accordance with NFPA 70, National Electrical Code 9.1.2</p> <p><u>Corrective Action:</u> 1. On 2/19/14 the Maintenance Assistant corrected the issue with the open slot in the circuit panel by attaching a filler plate. On 2/19/14 the Maintenance Assistant removed the extension cord in use in the attic area above the front hall. 2. On 2/21/14 the Maintenance Director inspected the facility to ensure that there were no other circuit breakers which had open slots. On 2/25/14 the Maintenance Director and Maintenance Assistant inspected the facility to ensure that there were no other extension cords in use. 3. On 2/25/14 the maintenance department was in-serviced by the Administrator regarding the concern with having extension cords in use and with having open slots in the circuit panels. 4. The Maintenance Director and Maintenance Assistant will monitor for compliance through weekly observations for three months. If compliance is maintained then will decrease audits to monthly for three months. Findings will be reviewed in Quality Assurance Committee.</p>	2/25/14	

MAR 11 2014